

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST <u>LARRY</u> MI <u>E.</u> NICKNAME LAST SUFFIX <u>ROMERO</u>	<b>OFFICE USE ONLY</b> Date Received 2013 APR 3 PM 3:03 CITY CLERK DEPT. Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>2530 SAVANNAH</u> <u>EL PASO, TX 79930</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(915) 740-7555</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>HORTENCIA</u> MI <u>B.</u> NICKNAME LAST SUFFIX <u>ROMERO</u>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>3230 MONTANA AVE.</u> <u>EL PASO, TX 79903</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(915) 562-3226</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year <u>04 / 02 / 2013</u> THROUGH <u>05 / 01 / 2013</u>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <u>05 / 11 / 2013</u>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>CITY REPRESENTATIVE</u> <u>DISTRICT 2</u>	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

CITY CLERK DEPT

FORM C/OH

COVER SHEET PG 2

2013 APR 31 PM 3:03

14 C/OH NAME

LARRY E. ROMERO

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 8,075.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 12,046.84

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

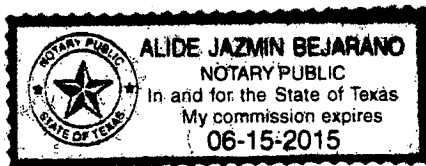
\$ 16,817.85

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Larry E. Romero*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

Larry E. Romero

this the

1st

day of

May

20

13

, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Alide Jazmin Bejarano

Notary Public

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

**SCHEDULE A**

2013 APR 31 PM 3:03

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

9

2 FILER NAME

LARRY E. ROMERO

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/2/13

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

STEPHEN RASH

6 Contributor address; City; State; Zip Code

5304 CORY LANE  
EL PASO, TX 799327 Amount of  
contribution (\$)

\$100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/2/13

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

STEVE LAUTERBACH

Contributor address; City; State; Zip Code

712 YORKSHIRE CT.  
EL PASO, TX 79922Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/13

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

RICHARD MILLER

Contributor address; City; State; Zip Code

4100 BOY SCOUT LANE  
EL PASO, TX 79922Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/13

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

SCOTT KOBREN

Contributor address; City; State; Zip Code

1212 CERRITO BELLO  
EL PASO, TX 79912Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/13

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

CYNTHIA LYONS

Contributor address; City; State; Zip Code

6381 LA POSTA  
EL PASO, TX 79912Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT. SCHEDULE A

2013 APR 31 PM 3:03

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

9

2 FILER NAME

LARRY E. ROMERO

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/2/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

GREG HARTLEY

6 Contributor address; City; State; Zip Code

708 DOVER CT.  
EL PASO, TX 799227 Amount of  
contribution (\$)\$100<sup>00</sup>8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/2/13

Full name of contributor

☐ out-of-state PAC (ID#)

MARK GROOVER

Contributor address; City; State; Zip Code

6540 LOMA DE CRISTO DR.  
EL PASO, TX 79912Amount of  
contribution (\$)\$100<sup>00</sup>In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/13

Full name of contributor

☐ out-of-state PAC (ID#)

WILLIAM JOHNS

Contributor address; City; State; Zip Code

10809 PICO NORTE  
EL PASO, TX 79935Amount of  
contribution (\$)\$100<sup>00</sup>In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/13

Full name of contributor

☐ out-of-state PAC (ID#)

JAMES ROGERS JR.

Contributor address; City; State; Zip Code

5035 MEADOWLARK  
EL PASO, TX 79922Amount of  
contribution (\$)\$100<sup>00</sup>In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/13

Full name of contributor

☐ out-of-state PAC (ID#)

JOHN MARTIN

Contributor address; City; State; Zip Code

609 MT. CRISTO REY  
EL PASO, TX 79922Amount of  
contribution (\$)\$300<sup>00</sup>In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.

SCHEDULE A

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2 FILER NAME

LARRY E. ROMERO

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/3/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

ROBERT HOY JR.

6 Contributor address; City; State; Zip Code

201 VILLA SERENA CT.  
EL PASO, TX 799227 Amount of  
contribution (\$)

\$500.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/3/13

Full name of contributor

☐ out-of-state PAC (ID#)

GARY HEDRICK

Contributor address; City; State; Zip Code

328 CRIMSON CLOUD LN.  
EL PASO, TX 79912Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/13

Full name of contributor

☐ out-of-state PAC (ID#)

J.W. ROGERS JR.

Contributor address; City; State; Zip Code

1600 DEDE LANE  
EL PASO, TX 799Amount of  
contribution (\$)

\$1,000.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/13

Full name of contributor

☐ out-of-state PAC (ID#)

ALAN ABBOTT

Contributor address; City; State; Zip Code

300 CORAL SKY LANE  
EL PASO, TX 79912Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/13

Full name of contributor

☐ out-of-state PAC (ID#)

GILBERT GUILLEN

Contributor address; City; State; Zip Code

404 S. DURANGO ST.  
EL PASO, TX 79901Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CITY CLERK DEPT.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

2013 APR 31 PM 3:03

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 9

2 FILER NAME

LARRY E. ROMERO

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/15/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

RONALD WALLACE

6 Contributor address; City; State; Zip Code

P.O. BOX 221797  
EL PASO, TX 79913

7 Amount of contribution (\$)

\$300.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/16/13

Full name of contributor

☐ out-of-state PAC (ID#)

RUDY + HELEN DELGADO

Contributor address; City; State; Zip Code

1604 BERT GREEN  
EL PASO, TX 79936

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/13

Full name of contributor

☐ out-of-state PAC (ID#)

RUBEN ESCANDON JR.

Contributor address; City; State; Zip Code

4121 LA ADELITA  
EL PASO, TX 79922

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/13

Full name of contributor

☐ out-of-state PAC (ID#)

FRANCES AND LEO DURAN

Contributor address; City; State; Zip Code

721 WELLESLEY RD.  
EL PASO, TX 79902

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/13

Full name of contributor

☐ out-of-state PAC (ID#)

CARLOS AGUILERA

Contributor address; City; State; Zip Code

3109 FILLMORE AVE.  
EL PASO, TX 79930

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT. SCHEDULE A  
2013 APR 31 PM 3:03

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 9

2 FILER NAME

LARRY E. ROMERO

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/18/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

EMMA AGUILAR

6 Contributor address; City; State; Zip Code

3420 PERSHING DR.  
EL PASO, TX 79903

7 Amount of contribution (\$)

\$2500

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/18/13

Full name of contributor

☐ out-of-state PAC (ID#)

GEORGE MUNOZ

Contributor address; City; State; Zip Code

7343 LUZ DE VILLA  
EL PASO, TX 79912

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/13

Full name of contributor

☐ out-of-state PAC (ID#)

EDUARDO SOTO

Contributor address; City; State; Zip Code

515 S. KANSAS ST.  
EL PASO, TX 79901

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/13

Full name of contributor

☐ out-of-state PAC (ID#)

TEXAS ASSOCIATION OF REALTORS PAC

Contributor address; City; State; Zip Code

1115 SAN JACINTO BLVD. STE. 200  
AUSTIN, TX 78701

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/13

Full name of contributor

☐ out-of-state PAC (ID#)

RICHARD ROMERO JR.

Contributor address; City; State; Zip Code

1612 BOLTON PL.  
EL PASO, TX 79903

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.

SCHEDULE A

2013 APR 31 PM 3:04

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

9

2 FILER NAME

LARRY E. ROMERO

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/19/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

FLORA AND GUS SAMBRANO

6 Contributor address; City; State; Zip Code

1500 ELM ST.  
EL PASO, TX 79930

7 Amount of contribution (\$)

\$2500

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/19/13

Full name of contributor

☐ out-of-state PAC (ID#)

REFUGIO PARTIDA

Contributor address; City; State; Zip Code

3301 NASHVILLE  
EL PASO, TX 79930

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/13

Full name of contributor

☐ out-of-state PAC (ID#)

GREG AND SUSAN DAW

Contributor address; City; State; Zip Code

4790 SOL DE ALMA  
EL PASO, TX 79922

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/13

Full name of contributor

☐ out-of-state PAC (ID#)

ROBERTO DIAZ DE LEON

Contributor address; City; State; Zip Code

425 DESERT GARDEN DR.  
~~EL PASO, TX~~ SANTA TERESA, NM 88008

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/13

Full name of contributor

☐ out-of-state PAC (ID#)

ROBERT W. NILAND

Contributor address; City; State; Zip Code

4800 N. STANTON #155  
EL PASO, TX 79902

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2013 APR 31 PM 3:04

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

9

2 FILER NAME

LARRY E. ROMERO

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/22/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

PAUL PEREZ

7 Amount of  
contribution (\$)\$500<sup>00</sup>8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code

11528 JAMES GRANT  
EL PASO, TX 79936

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/22/13

Full name of contributor

☐ out-of-state PAC (ID#)

K. ALAN RUSSELL

Amount of  
contribution (\$)\$500<sup>00</sup>In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

2500 SCENIC CREST #9  
EL PASO, TX 79930

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/13

Full name of contributor

☐ out-of-state PAC (ID#)

ANN AND SONNY BROWN

Amount of  
contribution (\$)\$250<sup>00</sup>In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

200 BARTLETT DR. STE. 105  
EL PASO, TX 79912

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/25/13

Full name of contributor

☐ out-of-state PAC (ID#)

JACK BALLESTEROS

Amount of  
contribution (\$)\$250<sup>00</sup>In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

6412 DAWN AVE.  
EL PASO, TX 79912

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/26/13

Full name of contributor

☐ out-of-state PAC (ID#)

PATRICIA HOLLAND - BRANCH

Amount of  
contribution (\$)\$250<sup>00</sup>In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

5203 WIMBLEDON WAY  
EL PASO, TX 79932

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2013 APR 31 PM 3:04

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 9

2 FILER NAME

LARRY E. ROMERO

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/29/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

FLORA AND GUS SAMBRANO

6 Contributor address; City; State; Zip Code

1500 ELM ST,  
EL PASO, TX 799307 Amount of  
contribution (\$)

\$50.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/30/13

Full name of contributor

☐ out-of-state PAC (ID#)

BENEDICTO ESPARZA

Contributor address; City; State; Zip Code

833 HUCKLEBERRY  
EL PASO, TX 79903Amount of  
contribution (\$)

\$25.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/01/13

Full name of contributor

☐ out-of-state PAC (ID#)

LORENZO LAFARELLE

Contributor address; City; State; Zip Code

10504 SPRINGWOOD DR.  
EL PASO, TX 79925Amount of  
contribution (\$)

\$25.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/01/13

Full name of contributor

☐ out-of-state PAC (ID#)

IKE J. MONTY III

Contributor address; City; State; Zip Code

7400 VISCOUNT BLVD. SUITE 109  
EL PASO, TX 79925Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/03/13

Full name of contributor

☐ out-of-state PAC (ID#)

GARY HOFF

Contributor address; City; State; Zip Code

1310 TEXAS  
EL PASO, TX 79901Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

\$75.00

FOOD FOR WORKERS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT. SCHEDULE A  
2013 APR 31 PM 3:04

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 9

2 FILER NAME

LARRY E. ROMERO

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/14/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

LEO + FRANCES DURAN

6 Contributor address; City; State; Zip Code

721 WELLESLEY DR.  
EL PASO, TX 79902

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

\$200.00

FOOD FOR  
FUNDRAISER

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/17/13

Full name of contributor

☐ out-of-state PAC (ID#)

GEORGE CISNEROS

Contributor address; City; State; Zip Code

1110 CINCINNATI  
EL PASO, TX 79902

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

\$150.00

FOOD FOR  
FUNDRAISER

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**PLEDGED CONTRIBUTIONS**

CITY CLERK DEPT.

**SCHEDULE B**

2013 APR 31 PM 3:04

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES:      ⇒      ⇒      ⇒      ⇒      ⇒      ⇒		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address;      City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

CITY CLERK DEPT.

**SCHEDULE E**

2013 APR 31 PM 3:04

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule E:**2** FILER NAME**3** ACCOUNT # (Ethics Commission Filers)**4**

TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_)**9** Loan Amount (\$)**6** Is lender  
a financial  
Institution?**8** Lender address;   City;   State;   Zip Code**10** Interest rate**11** Maturity date

Y   N

**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** Check if personal funds were deposited into political account☐**16** GUARANTOR  
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)☐ not applicable**18** Guarantor address;   City;   State;   Zip Code**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender  
a financial  
Institution?

Lender address;   City;   State;   Zip Code

Interest rate

Maturity date

Y   N

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account

☐GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address;   City;   State;   Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

2013 APR 31 PM 3:04

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME <b>LARRY E. ROMERO</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>4/09/13</b>	5 Payee name <b>THE FORMA GROUP</b>	
6 Amount (\$) <b>\$8,349.84</b>	7 Payee address; City; State; Zip Code <b>301 E. SAN ANTONIO, SUITE B201 EL PASO, TX 79901</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>CONSULTING &amp; MAIL OUT</b>
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>4/18/13</b>	Payee name <b>DAVE'S PENNANTS &amp; BANNERS</b>	
Amount (\$) <b>\$884.94</b>	Payee address; City; State; Zip Code <b>9911 CARNEGIE EL PASO, TX 79925</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>SIGNS</b>
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>4/23/13</b>	Payee name <b>DAVE'S PENNANTS &amp; BANNERS</b>	
Amount (\$) <b>\$460.06</b>	Payee address; City; State; Zip Code <b>9911 CARNEGIE EL PASO, TX 79925</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>SIGNS</b>
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>4/26/13</b>	Payee name <b>EL DIARIO</b>	
Amount (\$) <b>\$2,352.00</b>	Payee address; City; State; Zip Code <b>1801 TEXAS EL PASO, TX 79901</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>NEWSPAPER ADS</b>
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

CITY CLERK DEPT.

SCHEDULE G

2013 APR 31 PM 3:04

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

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# **PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH**

CITY CLERK DEPT.

SCHEDULE H

2013 APR 31 PM 3:04

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H:		<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date		<b>5</b> Business name			
<b>6</b> Amount (\$)		<b>7</b> Business address; City; State; Zip Code			
<b>8</b> PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held	
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held	
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held	
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held	

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

CITY CLERK DEPT.

2013 APR 31 PM 3:04 SCHEDULE I

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

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**INTEREST EARNED, OTHER CREDITS/GAINS/  
REFUNDS, AND PURCHASE OF INVESTMENTS****SCHEDULE K**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received ..... 6 Address of person from whom amount is received; City; State; Zip Code 7 Purpose for which amount is received	8 Amount (\$)
Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received	Amount (\$)
Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received	Amount (\$)
Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received	Amount (\$)
Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received	Amount (\$)
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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

2013 APR 31 PM 3:04

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
6 Dates of travel	7 Name of person(s) traveling  8 Departure city or name of departure location  9 Destination city or name of destination location		
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
Dates of travel	Name of person(s) traveling  Departure city or name of departure location  Destination city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
Dates of travel	Name of person(s) traveling  Departure city or name of departure location  Destination city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			